

CLAIMS ONLY

Application Number _____ Filing Date _____

Applicant(s) _____

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
2		1					52					
3		1					53					
4		1					54					
5		1					55					
6		1					56					
7		1					57					
8		1					58					
9		1					59	1				
10		1					60		1			
11		1					61		1			
12		1					62		1			
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41	1						91					
42	1						92					
43	1						93					
44	1						94					
45	1						95					
46	1						96					
47	1						97					
48	1						98					
49	1						99					
50	1						100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

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